

## HEALTH REQUIREMENTS

### Initial Medical Exam

Every child entering foster care must receive a comprehensive medical examination, including a behavioral/mental health screening, within 30 calendar days from the date the child entered into an out-of-home placement, regardless of the date of the last physical examination; see [Initial Medical Exam Process Flow Job Aid](#) for sequence of actions, responsible staff, and time frames.

Children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.

### Hospitalization Exception

Children who are hospitalized during the timeframe for initial medical and dental exams are excluded from the requirements until the child is discharged from the hospital. Physicians cannot complete routine health exams for a hospitalized child. Obtain hospital medical records to document the child's health conditions, treatment, and discharge recommendations.

The hospital exception applies only for the first out-of-home placement. Upon discharge and subsequent out-of-home placement, the timeframes for the initial medical and dental exams commence.

### Yearly Medical Exam

Yearly medical exams are required for children, youth and young adults ages three through 20 years who are placed in an out-of-home placement and continue upon return home. The yearly medical exam may occur up to 14 months from the previous medical exam to accommodate physician scheduling and insurance coverage requirements.

Children under 3 years of age require more frequent medical exams; see the periodicity schedule outlined below in *EPSDT/Well Child Exam, Periodicity Schedule* for the required exam frequency.

**EPSDT/Well Child Exam**

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is the child health component of Medicaid. Federal regulations require state Medicaid programs offer early and periodic screening, diagnosis, and treatment (EPSDT) to eligible Medicaid beneficiaries under 21 years of age. The EPSDT program follows the standards of pediatric care at specified intervals as defined in the current American Academy of Pediatrics Periodicity Schedule to meet the special physical, emotional, and developmental needs of Medicaid eligible children.

As specified in federal regulations, the screening component includes a general health screening most commonly known as the EPSDT and/or well child exam. The required EPSDT/well child exam screening guidelines, based on the American Academy of Pediatrics' (AAP) recommendations for preventive pediatric health care, include:

- Health and developmental history.
- Height/weight measurements and age-appropriate head circumference.
- Blood pressure for children age 3 and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and vaccinations.
- Blood lead testing for children under 6 years of age.
- Developmental and behavioral/mental health assessment.
- Nutritional assessment.
- Hearing, vision, and dental screenings.
- Health education including anticipatory guidance.
- Interpretive conference and appropriate counseling for parents or guardians (for foster care purposes includes foster care providers).
- Additionally, objective developmental/behavioral, hearing, and vision screening and testing must be performed in accordance

with the Medicaid policy and periodicity schedule. Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as required.

### **Periodicity Schedule**

After the initial medical examination upon entering foster care, all children require an EPSDT/well child exam according to the periodicity schedule recommended by the American Academy of Pediatrics.

- For children under 3 years old, the periodicity schedule for EPSDT/well child exams is as follows:
  - Newborn - 1 week of age.
  - 4 weeks of age.
  - 2 months of age.
  - 4 months of age.
  - 6 months of age.
  - 9 months of age.
  - 12 months of age.
  - 15 months of age.
  - 18 months of age.
  - 24 months of age.
  - 30 months of age.
- Children age 3 and older require the EPSDT/well child exam annually.

### **Dental Examination Schedule**

Dental examinations are required for children one year of age and older, as follows:

- A dental examination within three months before entry into foster care or an initial dental examination shall be completed not more than 90 calendar days after entry into a foster care out-of-home placement.
- A dental re-examination shall be obtained at least every six months, unless a greater frequency is indicated.

- Children entering foster care under one year of age must have an initial dental exam within three months of the child's first birthday.

**Note:** Dental exams are to be completed by a dental practitioner, either a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD).

While a medical practitioner may examine a child's teeth and mouth during the EPSDT/well child exam, this is not a dental exam. If the physician recommends a dental examination for the child, this recommendation must be followed, regardless of the age of the child.

**Note:** Parental inclusion in all the child's health care appointments is to be encouraged and supported; see *parental involvement in child's health care* in this policy item.

### Medical and Dental Exam Documentation

Documentation of the completed required medical (initial, periodic, and yearly) and dental exams for children in foster care must be entered into the Health Profile within MiSACWIS.

The standard forms providing the required documentation are:

- Medical Exams
  - MDHHS Well Child form.
  - Medical provider EPSDT/Well Child Exam form.
  - Medical provider electronic medical records (EMR).

**Note:** Per MDHHS Medicaid provider policy, the medical provider exam form and EMR are to include all elements of the MDHHS Well Child Exam form.

- Dental Exams
  - DHS-1664, Youth Dental Exam.
  - Dental provider exam form.

Alternative documentation permissible for medical and dental exam entries in MiSACWIS include:

- Explanation of Benefits (EOB) statements.

- Claim/encounter data from CareConnect 360.
- MDHHS-5338, Foster Care Well Child Exam/EPSDT Appointment Verification form (for medical exams only).

The three alternative types of documentation allow entry of the completed medical and dental exams in MiSACWIS. The actual exam form (or allowable provider form) must be obtained from the health care provider to ensure recording of identified health conditions and treatment and to facilitate follow-up services.

For more information regarding alternative documentation, refer to the job aid, Medical and Dental Documentation in MiSACWIS.

## **DHS-Pub-268**

In addition to the child's parents, foster parents and relative caregivers play a crucial role in ensuring children and youth have timely access to medical and dental care. The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, provides caregivers with an easily accessible reminder of the foster care health requirements and guidance in accessing medical and mental health care. The DHS-PUB-268 contains information for caregivers regarding:

- Health requirements for children in foster care.
- Behavioral/mental health services.
- Assistance in scheduling and accessing appointments.

The DHS-PUB-268 is provided to all MDHHS and private child placing agency homes upon licensure through the monthly mailing of the MDHHS licensed home welcome letter.

Children's protective services workers and juvenile justice specialists must provide the DHS-PUB-268 to all relative caregivers upon placing children with their relatives after removal. This process ensures that the relative caregiver has immediate access to the foster care health requirements and guidance in scheduling appointments and obtaining health care services.

The assigned caseworker must review the DHS-PUB-268 with the foster parent or relative caregiver at the first home visit after the child's placement in that home. When placing children into the home of another relative (after initial placement), the assigned caseworker must provide the new relative caregiver with the DHS-PUB-268.

### **Required Medical and Dental Exams and Placements**

The medical and dental exams described above are required for children placed in out-of-home settings and continue upon return own home. **The first out-of-home placement, even if for only one night, triggers the initial medical and dental exam requirements and due dates.**

All requirements for timely completion of medical and dental examinations apply when:

- A child is in an out-of-home placement.
- A child returns to parental home or is placed with other parent (non-offending) after placement in out-of-home care.
- A child is placed with a guardian after placement in out-of-home care.
- A child is placed in an adoptive home, until the final order of adoption.

The medical and dental examination requirements, after return home, continue if a child remains under the wardship of the court and supervision of MDHHS.

**Note:** At the onset of the case, if the court dissolves the legal guardianship, but allows the child to remain in the home, the placement is an out-of-home placement.

### **Medical and Dental Exams - Not Required**

Medical and dental requirements are not applicable if the child is not placed in an out-of-home setting, and one of the following exists:

- Child remains in his/her home with a parent under court jurisdiction.
- Child is immediately placed with a parent.
- Child remains in his/her home with a legal guardian under court jurisdiction. The court has not dissolved guardianship.

**Foster Care Re-Entry**

Children re-entering foster care and placed in an out-of-home setting after case closure must receive a full medical examination within 30 days of this new placement episode; see *Initial Medical Exam* in this policy item.

**Young Adults Aged 18 Years and Older**

Initial and yearly medical and dental exams are required for older foster care young adults (ages 18 and older).

***YAVFC Youth***

Youth entering young adult voluntary foster care (YAVFC) by extending an open foster care case continue to follow the youth's current yearly medical and dental exam requirements as established in foster care.

Youth entering/re-entering YAVFC after case closure require an initial medical exam within 30 days. The initial dental exam is required as outlined under *Dental Examination* in this policy item.

***Youth Refusal***

If a young adult age 18 or older refuses to participate in medical and dental exams, a DHS-1147, Foster Care Youth Services Refusal, form must be completed. The DHS-1147 is completed with the youth to provide health care access and services information to meet the youth's health needs. Youth signature is required.

For more information, see the job aid, [DHS-1147, Foster Care Youth Services Refusal](#).

**Children from Other States**

The Michigan foster care health requirements do not apply to out of state children placed in Michigan. The caseworker from the child's home state provides the necessary medical, dental, and mental health standards for the child's health care while placed in Michigan.

**Caseworker Role**

At all times, while the child remains under court wardship and MDHHS supervision, regardless of placement setting, the caseworker must assess and document the child's current health status. The caseworker must:

- Actively engage and support the parent/legal guardian in meeting the child's medical, dental, developmental, and mental health needs.
- Monitor and encourage parental involvement in the child's health care treatment and services.
- Notify and assist parent in fully participating in all health care appointments.
- Notify and inform the parent/legal guardian of changes in the child's health status and follow-up treatment recommended or required by health care providers in a timely manner.
- Encourage and assist facilitation of all routine medical and dental care, including the required initial, periodic, and yearly medical and dental exams. Assist parent/legal guardian with resolving barriers and challenges arising from child's health needs.
- Document medical, dental, developmental, and mental health conditions, appointments, services and treatment in case service plans, medical passport and within the Health Profile section of Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

**Emergency Care**

The child's parents/legal guardian must be notified immediately in all cases of medical emergencies. Information from the emergency department discharge papers, such as the diagnosis, prescribed medications, and follow-up care is documented in the MiSACWIS Health Profile section. Upload the discharge document into MiSACWIS.

**Follow-up Health Care**

The caseworker is responsible for reviewing the information within the child's well child exam form, the DHS-1664, Youth Health



Record, Dental form, and other medical, dental, and mental health reports and/or assessments. If follow-up medical or dental care or mental health treatment is recommended, the caseworker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the caseworker ensure treatment recommendations are followed by the foster care provider.

### ***MiSACWIS Follow-Up Documentation Requirement***

All follow-up recommendations and ensuing treatment must be documented in the MiSACWIS Health Profile section within the appointment details screen under the appointments tab. The follow-up question must be answered by checking the applicable box and entering follow-up information in the additional explanation field. This information populates within the case service plan.

## **Blood Lead Level Testing Children Under Age Six**

Michigan Medicaid policy requires all Medicaid enrolled children have a blood lead level test (BLL) at 12 and 24 months of age, or between 36 and 72 months of age, if not previously tested. Caseworkers are required to ensure children within this age range have a BLL test. The Michigan Care Improvement Registry (MCIR) may include the child's BLL testing results. Unless previous documentation exists, prior to the child's next required EPSDT/well child exam, the caseworker must request the child's MCIR record be verified by the local health liaison officer (HLO) to confirm that BLL testing occurred.

If the MCIR does not include BLL results, the caseworker must follow-up with the child's physician to determine if BLL testing has occurred. If BLL testing results are not found within MCIR or physician records, the caseworker must make efforts to ensure testing occurs at the next required EPSDT/well child exam.

### ***Documentation and Follow-up of BLL results***

The child's BLL test results (from MCIR or physician's office) are to be documented in the Health Profile section in MiSACWIS. The paper copy of BLL test (if applicable) is downloaded into the MiSACWIS Health Profile section.

If the BLL results indicate the need for health services and other interventions, the caseworker must ensure all follow-up is provided

and document all treatment provided under MiSACWIS Appointments.

### **Chronic Health Concerns**

Health services for children with chronic health care needs, such as children identified as medically fragile and/or within the Children's Special Health Care Services (CSHCS) program require ongoing follow-up by the caseworker.

#### ***Caseworker Contact with Health Care Providers***

For children with chronic, ongoing health conditions, caseworkers must contact the child's health care provider as recommended by the specific provider to solicit his/her view of the child's medical status. Feedback from physicians and other health care service professionals treating the child must be obtained and incorporated in each service plan. The caseworker must discuss the information provided by the health care provider with the child's parents and foster care provider. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan; see [FOM 722-6H, Caseworker Contact with Treatment and Service Providers](#), for more information.

All hospitalizations, emergency room, and urgent care visits must be documented in the case service plan and medical passport. The caseworker must obtain and review the hospital discharge report. The information within the report is to be discussed with the child's parents and foster care provider. Scan and upload the discharge report into MISACWIS and file in the medical section of the case file.

### **DOCUMENTATION OF HEALTH REQUIREMENTS**

All health requirements are to be documented and maintained as indicated below.

#### **Paper Documents and Forms**

All paper documents and/or forms, reports, and records as related to the child's health are maintained as documentation of the child's health status by:

- Uploading the document into Health Profile section of MiSACWIS **and**
- Filing document in the Medical Records Section of the child's case file.

The documents included in the uploading and filing process are as follows:

- Age-specific well child exam form or other approved alternatives as indicated in this policy.
- DHS-1664, Youth Health Record, or applicable alternative form.
- Medical Passport, signature pages only.
- Copy of Serious Emotional Disturbance Waiver (SEDW), if applicable.
- Immunization record, including waivers or parental refusal for immunizations (as applicable).
- Copy of child's Medicaid card.
- Copy of DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, for initial and each subsequent placement.
- Copy of Medicaid Health Plan member card (as applicable).
- Copy of private health insurance card (as applicable).
- Copies of mental health services, such as child's psychiatric and/or psychological evaluations and any other mental health assessments.
- Hospital records and discharge summaries.
- Reports and assessments from specialty clinics, such as trauma, neurology, fetal alcohol spectrum disorder, etc.

**MiSACWIS  
Documentation*****Health Profile Section Information***

- Information entered into the MiSACWIS Health Profile section populates or downloads into the case service plan (Initial Service Plan, Updated Service Plan, and/or Permanent Ward Service plan).
- Medical Passport.

The screens within MiSACWIS Health Profile section are to be completed with all relevant health information to enable caseworkers, foster parents, parents, and health care providers to manage the child's health care needs appropriately and to report the child's well-being to the court.

The information in the MiSACWIS Health Profile is to include the following:

- Required medical and dental exams.
- Diagnoses.
- Health appointments/office visits, including mental health services and medication reviews.
- Hospitalizations.
- Chronic conditions.
- Allergies.
- Medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
- Emergency treatment.
- Immunization record.
- Description of any needed health follow-up treatment and appointments. Refer to Follow-Up Health Care section in this item.

***CareConnect 360***

The child's health status, medical needs, and health care providers prior to entering foster care may be found in CareConnect 360. Caseworkers and supervisors must review CareConnect 360 to ensure that the child's current health information (if available) is considered for placement and provided to the foster care provider.

**LEGAL BASE**

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

**Federal Law**

***Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622***

**State Law**

***Probate Code, 1939 PA 288, MCL 712A.13a(16)***

***The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.***

***The Child Care Organizations Act, 1973 PA 116, MCL 722.124a***

***Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c***

**POLICY CONTACT**

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).